SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 304 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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Full Name (Last, First, Middle Initial) Mr. Russell E Lee Mailing Address 5 Moore Drive City Research Triangle FEC ID number of contributing federal political committee. Name of Employer GlaxoSmithKline Receipt For: Primary General Other (specify)	State Zip Code NC 27709 C Occupation NeuroHealth Sr Exec Clin Spec Aggregate Year-to-Date 244.83	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Russell E Lee Mailing Address 5 Moore Drive City Research Triangle FEC ID number of contributing federal political committee. Name of Employer GlaxoSmithKline Receipt For: Primary General Other (specify)	State Zip Code NC 27709 C Occupation NeuroHealth Sr Exec Clin Spec Aggregate Year-to-Date 265.70	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Keaton A Lehman Mailing Address 5 Moore Drive City Research Triangle FEC ID number of contributing federal political committee. Name of Employer GlaxoSmithKline Receipt For: Primary General Other (specify)	State Zip Code NC 27709 C Occupation Pharma Exec Sales Rep Aggregate Year-to-Date 201.22	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		58.82